

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43176

State File No. _____

JAN 7 1942 840

Registration District No. _____

Primary Registration District No. 6102

Registrar's No. 42

1. PLACE OF DEATH

(a) County Stoddard
(b) City or town Paris (Franklin Co.)
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT
FULL NAME

George Henry Kirk
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MC 5. Color or race SW 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Manenia Kirk 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Aug 22 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Ridgeway Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Kirk
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Lera Duncan
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's signature Lera Duncan
(b) Address Paris

17. (a) Burial (b) Date thereof 12-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Watkins Service
(b) Address Paris Mo

19. (a) 12-8-1941 (b) Be Maria Dupont
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard
(c) City or town Paris
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1
1941, to Dec 4, 1941;
that I last saw him alive on Dec 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia and Hemorrhage of Brain
Duration _____

Due to High Blood pressure

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: Of operations 43a

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. L. Edmund (M. D. or other) _____

Address Paris Mo Date signed _____

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 142-10

Date Filed 1-6-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

B. J. Brentlinger

Licensed Embalmer No. 4201

P. O. Address Peyster, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.